IPDR6702	09/13/2006		TPDO	NORTH CAROLINA	_	PAGE	: 1	
RUN DATE:	08/13/2006			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 08/15/2006				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0		0
3404904	WESTERN HIGHLAN	8599	38	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	6	ATTENDING PROVIDER TYPE AND SP	0	51	509	458
		0330		ECIALTY COMBINATION IS NOT	U	21	509	458
				VALID FOR SUBMITTED BILLING PR				
		101	-	OLYPIN TO WINDER DODG NOT WIND				
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	<u> </u>	1						
3404910	PATHWAYS	11	223	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	129	DETAIL NOT COVERED BY COMBINAT	23	495	3471	2976
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENETII FACRAGE.				
		3412	46	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404912	CATAWBA COUNTYM	8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		143	6	CLIENT ID NUMBER NOT ON STATE	10	10	431	412
				ELIGIBILITY FILE	10	19	431	412
		7003	1	EXCEEDS MAXIMUM UNITS ALLOWED				
		7003	1	PER DAY(S)				
3404913	MECKLENBURG COM	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8933	70	ADTNC INELIGIBLE TO RECEIVE SE	118	325	965	640
				RVICES IN IPRS.				
		1						
		23	48	SERVICE REQUIRES PRIOR APPROVA				
		1		L				
		1						
3404916	CROSSROADS BEHA	8535	11	SERVICE FACILITY LOCATION WAS				
	VIORAL HEAL			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		_			
		1			0	11	11	0
3404917	CENTERPOINT HUM	8599	1080	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		 						
		3411	667	PROVIDER TYPE AND SPECIALTY 07	81	2626	7436	4810
				4/113 CANNOT BILL ENHANCED				
	 	1		BENEFIT SERVICES ON OR AFTER D				
		79	248	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404918	DOGUTUOUS V ·-	0	0	*** NO DATA TO REPORT ***				
2.01210	ROCKINGHAM CO M ENTAL HEALT	-	~	NO DATA TO REPORT				
		1						
		U	U		0	0	0	0
	<u> </u>	1						
	1	1	L	1	1		L	1

ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	DDOWIND NAME	EOBS	DENIALS	DESCRIPTION				
	PROVIDER NAME	2020	DENTALLO	22001111011	DENIALS	DENIALS	FINALIZED	PAID
2404010		2412	1540	DROUTDED MUDE AND OPECTATION OF				
3404919	GUILFORD CO MEN	3412	1542	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	TAL HEALTHC							
				BENEFIT SERVICES ON OR AFTER D				
		3411	82	PROVIDER TYPE AND SPECIALTY 07	17	1802	10380	8578
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	73	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8518	432	CLAIM DENIED, SUBMITTED BEYOND				
	L AREA MH D			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	65	DUPLICATE OF CLAIM-SYSTEM	2	544	670	126
		5404	37	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
		1	1		1		1	
3404921	ORANGE PERSON C	8535	1238	SERVICE FACILITY LOCATION WAS	1		1	
	HATHAM AREA			NOT INCLUDED IN YOUR 837.	1		1	
				PLEASE RESUBMIT YOUR CLAIM WIT	1		1	
	<u> </u>	1	1			 		
	<u> </u>	27	448	DIAGNOSIS CODE MISSING OR INVA	-	2676	7365	4689
		+	1	LID. VERIFY AND ENTER THE	3	20/6	/363	7009
				CORRECT DIAGNOSIS CODE AND SUB				
		3411	220	PROVIDER TYPE AND SPECIALTY 07				
		3111	220	4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
				BENEFII SERVICES ON OR AFIER D				
				DETAIL NOT COVERED BY COMBINAT				
3404922	THE DURHAM CENT	8599	157					
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8535	86	SERVICE FACILITY LOCATION WAS	4	277	1795	1518
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8329	14	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404923	FIVE COUNTY MH	11	267	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	234	DETAIL NOT COVERED BY COMBINAT	1	771	4837	4066
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	114	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE	120	243	CLIENT ID NUMBER MISSING OR IN	1		1	
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
			1	AS A NEW CLAIM				
	1							
		8599	233	DETAIL NOT COVERED BY COMBINAT	73	882	9035	8153
		0333				302	5055	0100
		0399		ION OF RECIPIENT, PROVIDER AND			1	
		0333		BENEFIT PACKAGE.				
		0.555						
			210	BENEFIT PACKAGE.				
		21	210					
			210	BENEFIT PACKAGE.				
			210	BENEFIT PACKAGE.				
3404926	DAMBURACIPAL OF	21		SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE		210	BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	21		SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
3404926		21		SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
3404926		21	5140	SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM				
3404926		21		SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07	135	8455	15023	6568
3404926		21	5140	SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/13 CANNOT BILL ENRANCED	135	8455	15023	6568
3404926		21	5140	SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07	135	8455	15023	6568
3404926		21 21 3411	5140	DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM FROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	135	8455	15023	6568
3404926		21	5140	BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/13 CANNOT BILL ENRANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT	135	8455	15023	6568
3404926		21 21 3411	5140	BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM FROVIDER TYPE AND SPECIALTY 07 4/13 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	135	8455	15023	6568
3404926		21 21 3411	5140	BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/13 CANNOT BILL ENRANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT	135	8455	15023	6568

	T	T		T.				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL.	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	PAID
	THOUTBER WILL				DINTILO	DENTITED	I IMMILION	111111
3404927	CUMBERLAND CO M	21	461	DUPLICATE OF CLAIM-SYSTEM				
	HC							
		0500	154	DEMAIL NOW COMPEND BY COMPINE				
		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6	982	5311	4329
				BENEFIT PACKAGE.				
				DESTRICT TRANSPORT				
		3412	112	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
		ŭ .			U	U	U	U
3404930	JOHNSTON COUNTY	8599	60	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	10	DIAGNOSIS OR SERVICE INVALID F	7	88	977	889
				OR CLIENT AGE. VERIFY CID,				
		1	ļ	DIAGNOSIS, PROCEDURE CODE FOR				
		8931	7	AMPNO INFLICIBLE TO DECETUE OF				
		8931	*	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		 		INTEGO IN IERO.				
			 					
3404931	WAKE CO HUM SVC	11	925	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		8599	162	DETAIL NOT COVERED BY COMBINAT	5	1206	2660	1454
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0622	4.2	CO DECIDENTAL LEVEL II MDEAMM				
		8622	43	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
				TON INDITIONING CHAPTER.				
3404933	SOUTHEASTERN CT	8599	6	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	1	CLAIM DENIED ATTENDING PROVIDE	0	8	35	27
				R CANNOT BE THE SAME AS				
				THE LMA				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				n PATIENT NAME				
3404934	ONSLOW CARTERET	143	44	CLIENT ID NUMBER NOT ON STATE				
	BEHAV HEAL			ELIGIBILITY FILE				
			1					
		191	22	CLIENT ID NUMBER DOES NOT MATC	0	73	221	148
				H PATIENT NAME	-			
		0500	7	DEMAIL NOW COMEDED BY COMPANY				
		8599	*	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		+	 	BENEFIT PACKAGE.				
			 					
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR		1					
		0	0		0	0	0	0
						_		
3404936	WILSON-GREENE M	8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT	1	1	RVICES IN IPRS.				
		1	1					
		191	2	CLIENT ID NUMBER DOES NOT MATC			2	
			-	H PATIENT NAME	5	10	841	831
			 					
				<u> </u>				
	1	79	2	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER		HIGH DENIAL	WINDER OF				TOTAL	TOTAL
PROVIDER NUMBER		EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	21	28	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE	3	33	125	92
				RVICES IN IPRS.				
		0500		DESCRIPTION OF COMPANY OF THE COMPAN				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII FROMAGE.				
3404939	NEUSE MENTAL HE	8599	39	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	ADIII CENTER			BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	40	459	419
3404941	PITT CO MH/DD/S	21	450	DUPLICATE OF CLAIM-SYSTEM	_			
	AS CENTER							
	1	0526	104	AMBRICANO PROGRAMMA AND AND AND AND AND AND AND AND AND AN				
	1	8536	104	ATTENDING PROVIDER TYPE AND SP	12	645	1235	590
	+			ECIALTY COMBINATION IS NOT				
	+			VALID FOR SUBMITTED BILLING PR				
	1	8621	22	60 RESIDENTIAL LEVEL III TREAT				
		0021	22	MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
				TON INDITIONING CONVICES.				
3404942	ROANOKE CHOWANH	21	18	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
	OPIAN SERVIC							
		5404	2	SEVERE DUPLICATE: SAME ATTD PR	2	26	870	844
				OV/PCODE/TOS/DOS/MOD		-		
		3411	2	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA	21	92	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		0021	20	AMBNO TARTICIDIE DO DECETUE CE				
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	65	231	1351	1120
				RVICES IN IFRO.				
		5404	29	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
	+			+				
3404944	EASTPOINTE HUMA	8534	349	SERVICE FACILITY LOCATION IS N				
	N SERVICES			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8532	288	SUBMITTED BILLING PROVIDER IS	15	1075	7765	6690
				NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		0526	105	AMERICAN PROGRAMME TO THE TOTAL PROGRAMME TO				
	1	8536	125	ATTENDING PROVIDER TYPE AND SP				
	+	+	1	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
	1	1		VALID FOR SUBMITTED BILLING PR				
3404946	POOMILITI O APPAN	8599	202	DETAIL NOT COVERED BY COMBINAT				
	FOOTHILLS AREAM			ION OF RECIPIENT, PROVIDER AND	-			
	ENTAL HEALT	1	1	BENEFIT PACKAGE.		1		
	+	+	+					
	+	3411	144	PROVIDER TYPE AND SPECIALTY 07	56	633	10858	10225
	+			4/113 CANNOT BILL ENHANCED	56	633	10638	10223
	+			BENEFIT SERVICES ON OR AFTER D				
	1	1						
		21	90	DUPLICATE OF CLAIM-SYSTEM				
		+	1		1	1		

Sheet1

	1							T
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	5404	1	SEVERE DUPLICATE: SAME ATTD PR				
	HEALTH CTR			OV/PCODE/TOS/DOS/MOD				
		0	0		0	1	1	0
3404979	NEW RIVER AREAM	5404	70	SEVERE DUPLICATE: SAME ATTD PR				
	H/DD/SA PRO			OV/PCODE/TOS/DOS/MOD				
		21	66	DUPLICATE OF CLAIM-SYSTEM	71	320	6372	6052
		8931	64	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				